a. Full Name       e. Candidate ID Number         DAV D Z A Y DLY LEL         b. Mailing Address (include City, State, and Zip Code)       g. Office Sought         211 HAPPIN O N LATLE         KERNESSVILLE NE ZTZ 84         KERNESSVILLE NE ZTZ 84         FIRSJTH Co. C         c. Phone Number         d. Email Address         a. Next Election Year         i. J.         334 993 4473         PLYLERDAVID& AOL. Com         2012         Email copy of notices         3. Treasurer Information         A. Full Name         R 1 UhARD       SIEC         D. Mailing Address (include City, State, and Zip Code)         b. Mailing Address (include City, State, and Zip Code)         b. Mailing Address (include City, State, and Zip Code)         b. Mailing Address (include City, State, and Zip Code)         b. Mailing Address (include City, State, and Zip Code)         b. Mailing Address (include City, State, and Zip Code)         c. Phone Number         d. Email Address         Add         GO 7 7 3 \$40         FUMALIZAS MAR-CVM         Drefer to receive notices by email         Yes       No         Add         Add	
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c. Phone Number       d. Email Address       h. Next Election Year       i. J.         334 993 44735       PL 1/LENDAVID@ A01. Com       2012         Email copy of notices       3. Full Name       4. Custodian of Books Information         a. Full Name       a. Full Name       4. Custodian of Books Information         A. Full Name       a. Full Name       a. Full Name         Nailing Address (include City, State, and Zip Code)       b. Mailing Address (include City, State         1001       W UAH       S         WINS & F & M       SAION, NIC Z7101         Phone Number       d. Email Address         Co 773 \$60       Foundates (include City, State, and Zip Code)         prefer to receive notices by email       Yes         Mame       G. Account Information         Add       G. Account Information         Full Name       Remove         Add       G. Account Information         Mailing Address (include City, State, and Zip Code)       b. Purpose         Mailing Address (include City, State, and Zip Code)       b. Purpose         Mailing Address (include City, State, and Zip Code)       b. Purpose         Mailing Address (include City, State, and Zip Code)       b. Purpose	
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A' CHE	IMANCE
Email copy of notices A Chi	
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ERTIFICATION	
I certify that the Committee or Fund is in compliance with all applicable provisions of Article Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or	22A, 22B & 22D-22M of
I further certify that this report is complete, true and correct.	other non-disclosed funds.
PAUE PLYZER How Tyler	2/2/2012
Printed Name of Signer Signature of Appointed Treasurer	/ Date





## North Carolina State Board of Elections 506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director - Campaign Reporting

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

## **Certification of Treasurer**

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

## FILED BY:

FILLED DI.			201	
Candidate Name:	DAVE PLYLER		112 F	
Treasurer Name:	EICHARD SEIG		6	
Treasurer Address:	1001 w 4th ST	11	rs.	
(include city, state, & zip)	WINSTON SAJEM	m		
	HC	U		
	27101			
Treasurer Phone:	607 7386 6; 608 2743	(e)		

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

2/2/2012 Date Signed

li Signature of Candidate /

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

Certification of Treasurer





North Carolina State Board of Elections 506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

## **Candidate Designation of Committee Funds**

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the nine allowable methods outlined in 163-278.16B(a).

Candidate Name:	DAVE RYLER			
Committee Name:	Committe To RE. ELECY	DAVE	RyLE	Z
Treasurer Name:	Richment Siteg		2017	<u>.</u>
If Candidate is own t	/ reasurer, designate an agent to carry out designations:		FED	. 1
Committee ID #:			12	
Level Registered:	[State] [County] If county, specify:		PH	
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		-9-2		

I,	·	, hereby direct that in the event of my death or incapacity all	
	(Name of Candidate)	-	

funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

<u>Name of Entity</u> (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)		
1. MDIN ST- UMZ	1/3		
2. VMCA OF NW NC	1/3		
3. W.S - INDUSTRIES For The	RIND 1/3		
By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.			
Signature of Candidate:	Riff		
Date: $\frac{z/z}{z}$	012		
Note: This Designation is to be filed with the Election	n Board where the committee's campaign reports are filed.		

CRO-3900

Candidate Designation of Committee Funds

December 2009